

Document Description: Petition for Review by the Office of Petitions

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**PETITION FOR REVIVAL OF AN APPLICATION FOR PATENT  
 ABANDONED UNINTENTIONALLY UNDER 37 CFR 1.137(b)**

Docket Number (Optional)

First named inventor: Wellesley AllenApplication No.: 10/633,359Art Unit: 3653Filed: April 6th 2007Examiner: Michael ButlerTitle: Indexing Pill Dispenser

Attention: Office of Petitions  
 Mail Stop Petition  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450  
 FAX (571) 273-8300

NOTE: If information or assistance is needed in completing this form, please contact Petitions  
 Information at (571) 272-3282.

The above-identified application became abandoned for failure to file a timely and proper reply to a notice or action by the  
 United States Patent and Trademark Office. The date of abandonment is the day after the expiration date of the period set  
 for reply in the office notice or action plus any extensions of time actually obtained.

**APPLICANT HEREBY PETITIONS FOR REVIVAL OF THIS APPLICATION**

NOTE: A grantable petition requires the following items:

- (1) Petition fee;
- (2) Reply and/or issue fee;
- (3) Terminal disclaimer with disclaimer fee - required for all utility and plant applications filed  
 before June 8, 1995; and for all design applications; and
- (4) Statement that the entire delay was unintentional

**1. Petition Fee**

☒ Small entity-fee \$ 270.00 (37 CFR 1.17(m)). Application claims small entity status. See 37 CFR 1.27.

☐ Other than small entity-fee \$ \_\_\_\_\_ (37 CFR 1.17(m))

**2. Reply and/or fee**

A. The reply and/or fee to the above-noted Office action in  
 the form of \_\_\_\_\_ (identify type of reply):

☒ has been filed previously on 08-04-2003

☐ is enclosed herewith.

B. The issue fee and publication fee (if applicable) of \$ \_\_\_\_\_

☐ has been paid previously on \_\_\_\_\_

☐ is enclosed herewith.

06/01/2011 HMARZ11 00000032 10633359

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270.00 0P

(Page 1 of 2)

This collection of information is required by 37 CFR 1.137(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 1.0 hour to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Petition, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form call 1-800-PTO-9199 and select option 2

Doc code: PET.OP.AGE

Description: Petition to make special based on Age/Health

PTO/SB/120 (07-09)

Approved for use through 07/31/2012, OMB 0521-0031  
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

PETITION TO MAKE SPECIAL BASED ON AGE FOR ADVANCEMENT OF EXAMINATION UNDER 37 CFR 1.102(c)(1)					
Application Information					
Application Number	10/633,359	Confirmation Number	3700	Filing Date	08-04-2003
Attorney Docket Number (optional)		Art Unit	3653	Examiner	Michael Butler
First Named Inventor	Wellesley Alexander Allen				
Title of Invention	Indexing Pill Dispenser				
<p><b>Attention: Office of Petitions.</b> An application may be made special for advancement of examination upon filing of a petition showing that the applicant is 65 years of age, or more. No fee is required with such a petition. See 37 CFR 1.102(c)(1) and MPEP 708.02 (IV).</p> <p>APPLICANT HEREBY PETITIONS TO MAKE SPECIAL FOR ADVANCEMENT OF EXAMINATION IN THIS APPLICATION UNDER 37 CFR 1.102(c)(1) and MPEP 708.02 (IV) ON THE BASIS OF THE APPLICANT'S AGE.</p> <p>A grantable petition requires one of the following items: (1) Statement by one named inventor in the application that he/she is 65 years of age, or more; or (2) Certification by a registered attorney/agent having evidence such as a birth certificate, passport, driver's license, etc. showing one named inventor in the application is 65 years of age, or more.</p>					
Name of Inventor who is 65 years of age, or older					
Given Name	Middle Name	Family Name	Suffix		
Wellesley	Alexander	Allen			
<p>A signature of the applicant or representative is required in accordance with 37 CFR 1.33 and 10.18. Please see 37 CFR 1.4(d) for the format of the signature.</p> <p>Select (1) or (2):</p> <p><input checked="" type="radio"/> (1) I am an inventor in this application and I am 65 years of age, or more.</p> <p><input type="radio"/> (2) I am an attorney or agent registered to practice before the Patent and Trademark Office, and I certify that I am in possession of evidence, and will retain such in the application file record, showing that the inventor listed above is 65 years of age, or more.</p>					
Signature			Date (YYYY-MM-DD)		
Name					

Patient Name: ALLEN, WELLSLEY -LESLIE- Sex: M  
 Date of Birth:   
 Health Card #: 9926521973-JK  
 Admission Date: June 21, 2006  
 Discharge Date:   
 Attending Physician: EGEBL

## PATIENT DISCHARGE SUMMARY

Educational Materials: PLEASE GIVE PATIENT RADICAL PROSTECTOMY INSTRUCTION SHEET

Activity Restrictions: -avoid heavy lifting & strenuous activity  
 -continue deep breathing exercises and short frequent walks beneficial  
 -drink 6-8 glasses water hourly during waking hours while catheter insitu

Diet Restrictions: -no restrictions---avoid constipation

Follow-Up Appointment: -6 week follow up as previously arranged with DR. EGERDIE's office

Treatment and Tests: -OK to shower after drain removed---just pat incision dry

Community Referral Agencies & Phone #: CCAC 748-2222

Instructions from your Doctor: REMOVE CATHETER IN AM ON JULY 12/06  
 REMOVE CLIPS/STAPLES JUNE 28/06 - STERI-STRIPS  
 \*\*HOME WITH JACKSON PRATT DRAIN. D/C J/P DRAIN WHEN DRAINAGE <100CC OVER 24 HOURS

Doctor's Name: Dr. R. Blair Egerdie  
 (519)578-1282

Prescriptions Received: CIPRO XL, TYLENOL #2, DITROPAN

Patient's Medications: -LANSOPRAZOLE 30 mgm. daily-----last dose June 23 @ 0800  
 -NOVULIN INSULIN 30/70 14 Units every morning @ breakfast June 23 @ 0800  
 -NOVULIN INSULIN 30/70 9 Units every evening @ supper June 22 @ 1700  
 -HEPARIN 5000 units BID-----last dose June 23 @ 1000  
 -TORADOL 10 mgm. Q6H-----last dose June 23 @ 1200  
 -CIPRO 500 mgm. q12h-----last dose June 23 @ 1000  
 \*COLACE 100 mgm. daily-----last dose June 23 @ 1000  
 -CITALOPRAM 40 mgm. daily @ bedtime-----last dose June 22 @ 2200  
 \*WELLBURTRIN 100 mgm. daily @ bedtime-----last dose June 22 @ 2200  
 -TEGRETOL 100 mgm. TID-----last dose June 23 @ 1000  
 -SIMVOSTATIN 40 mgm. daily @ bedtime-----last dose June 22 @ 2200

Medications You Received Today:  
 -as noted above

IF A SERIOUS PROBLEM DEVELOPS AFTER DISCHARGE FROM HOSPITAL, CONTACT YOUR PHYSICIAN

*Hi Dr. Kugler,*  
*June 23/06*  
*Yes had his*  
*surgery & all went well so*  
*far. Could you pls. fax an*  
*order for Colace to Shoppers Dr.*  
*Market on 653-4767*  
*Dr. AN.*

Numéro d'assurance sociale

5 Over the past two years, has the patient been admitted to a hospital/institution?  
 Au cours des deux dernières années, le patient a-t-il été admis à l'hôpital ou dans une institution?

- ☒ Yes If yes, please list:  
 Oui Dans l'affirmative, veuillez indiquer :  
☐ No  
 Non

Name of the Hospital(s)/Institution(s) - Nom de(s) l'hôpital(aux) ou de(s) l'institution (institutions)

~~CHH~~ McMaster Health Sciences Hospital  
 Feb 2005

The date(s) of admission  
 La (les) date(s) d'admission

Sg 2004

The reason(s) for admission  
 La (les) raison(s) de l'admission

B9 lesion on  
 pancreas

6A Is there supporting evidence for the main medical condition? Please attach supporting documentation.  
 Y a-t-il des preuves à l'appui de l'état pathologique principal du patient? Veuillez joindre les documents à l'appui.

Laboratory reports  
 Rapports de laboratoire

☒ Yes  
 Oui ☐ No  
 Non

X-rays reports  
 Radiographies

☐ Yes  
 Oui ☒ No  
 Non

Consultants' opinions  
 Opinions de consultants

☒ Yes  
 Oui ☐ No  
 Non

Other  
 Autre

☐ Yes  
 Oui ☒ No  
 Non

Documentation to be returned  
 Documents devant être retournés

☐ Yes  
 Oui ☒ No  
 Non

6B Please describe relevant physical findings and functional limitations.  
 Veuillez décrire les observations physiques et les limitations fonctionnelles pertinentes.

At this time, he is still  
 too fatigued, unmotivated  
 easily frustrated to return  
 to work.

Further, he has been told  
 by his oncologist that there  
 will be a 3 mos recovery  
 period before he can return to  
 work post-operatively.

Please write legibly - Veuillez écrire lisiblement

ST. MARY'S GENERAL HOSPITAL  
911 Queen's Blvd.,  
Kitchener, Ontario.  
N2M 1B2

DICT. DATE: 21/06/06  
TRAN. DATE: 21/06/06

PATIENT'S NAME: ALLEN, WELLESLEY -LESLIE-  
CHART NO. : H0634358  
BIRTH DATE: ..

DICTATED BY: Dr. Blair Egerdie

CC: Dr. Pierre Kugler

### RECORD OF OPERATION

DATE OF ADMISSION: 21/06/06  
DATE OF OPERATION: 21/06/06  
ROOM: 4AMU

ASSISTANT: Dr. Knackstedt  
ANESTHETIST: Dr. Klymko  
ANESTHESIA: General.

PREOP DIAGNOSIS: Prostate cancer.  
POSTOP DIAGNOSIS: Prostate cancer.  
OPERATION: RADICAL PROSTATECTOMY.

#### OPERATIVE NOTE:

Under general anesthesia, the patient was prepped and draped in the usual fashion. A catheter was inserted in the bladder and connected up to straight drainage. A midline incision was made from the suprapubic area to the infraumbilical area and carried down to the skin and subcutaneous tissue. The rectus fascia was divided in the midline and the space of Retzius was developed. The self retaining Bookwalter retractor was put in place and a lymph node dissection was carried out of both the right and left obturator areas. The entire specimen was sent to Pathology for evaluation. Care was taken not to injure the obturator nerves and both nerves were intact at the end of the procedure. The Bookwalter was repositioned for a midline approach and the endopelvic fascia was cleared off of all of its adipose tissue. The endopelvic fascia was divided in both the right and left and then the dorsal venous complex was bunched using a Babcock clamp and suture ligated in a figure of eight fashion with a few stitches of #1 Vicryl. One stitch was used proximally to prevent back bleeding. The dorsal venous complex was then divided with Metzenbaum scissors and the urethra was identified. The urethra was opened on its anterior surface and three stitches of 2-0 Monocryl were placed through the anterior aspect of the urethra for the future anastomosis. The catheter was delivered, clamped, cut and the posterior urethra was divided with a #15 blade. Denonvillier's space was developed and the lateral pedicles were taken down by cross clamping, clipping and cutting. The bladder neck was opened, the ureteral orifices were visualized and ureteral catheters were placed up over guide wires to protect the ureters. The bladder neck was then dissected off using electrocautery and the seminal vesicles were dissected free down to the tips and were clamped, cut and the entire specimen was removed and sent to Pathology for evaluation. The stump of the seminal vesicles were suture ligated with #1 Vicryl stitch. Bleeding was controlled and the mucosa of the bladder was everted using interrupted sutures of 4-0 Monocryl. The bladder neck was closed using a running locked stitch of 2-0 Monocryl until it was 22 French in size and then the ureteral catheters removed. The #22 two-way catheter was inserted down the urethra and three stitches of 2-0 Monocryl were placed through the posterior aspect of the urethral stump. The catheter was then advanced into the bladder and the stitches from the stump of the urethra were brought up to the bladder neck as well. The catheter was then

MAY 31 2011

ST. MARY'S GENERAL HOSPITAL

## PATHOLOGY REPORT

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911 Queens Blvd.  
Kitchener, ON  
N2M 1B2W.S.C. Chang, MD, FRCP(C)  
L. Bowler, MD, FRCP(C)  
K. Chan, MD, FRCP(C)

Phone - (519) 749-6500

Fax - (519) 749-6863

Patient Name: ALLEN, WELLESLEY -LESLIE-

Hospital No.: H0634358

(Continued)

Specimen Number: SP06:4012

(Continued)

## PROSTATE CA

Neoplasia, High Grade:

Present bilateral.

Resection Margins:

Tumour extends focally to the inked and cauterized margin within the right and left apex and to the anterior margin within the most inferior section of the prostate. Other resection margins including bladder resection margin (base) are negative for malignancy.

Seminal Vesicles:

Not involved by tumour.

Regional Lymph Nodes:

Negative for metastatic malignancy (see specimens #'s 1 and 2).

Non-neoplastic Prostate:

HPIN.

Comment:

Tumour predominantly forms small infiltrative glands in keeping with a Gleason grade 3. In areas, there is a fusion of glands and cord formation in keeping with Gleason grade 4.

Pathological Staging:

pT2C, bilateral disease.

Signed (signature on file) Bowler, Lynne MD

M.D., F.R.C.P. (C)

11/07/06

PATHOLOGY

Patient Name: ALLEN, WELLESLEY -LESLIE-

05/31/2011 14:01

5196534767

SDM 979

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**Memorial Hospital**  
DIAGNOSTIC IMAGING DEPARTMENT  
700 Corporation Blvd.,  
Cambridge, Ontario N1R3G2  
Tel: (519) 621-2333 Ext. 2230 Fax: (519) 740-4904

**DIAGNOSTIC IMAGING  
REPORT**

**RADIOLOGISTS**  
L.F.W. MARTIN, M.D., C.M., F.R.C.P.C.  
M.R. SULEMAN, M.D., F.R.C.P.C., D.A.B.R.  
HAMILTON GENERAL RADIOLOGISTS

NAME <b>ALLEN, LES, WELLESLEY ALEXANDER</b>		SEX <b>M</b>	ACCOUNT NUMBER <b>TD022822/04</b>	
ORDERING PHYSICIAN <b>SIKANETA, S.</b>		LOCATION <b>DI</b>	MEDICAL RECORD NO. <b>090926</b>	
REFERRING PHYSICIAN <b>SIKANETA, S.</b>	REG REF	DATE OF BIRTH <b>52</b>	DATE OF EXAM <b>30/11/2004</b>	RADIOLOGY NO. <b>00011459</b>

**S S SIKANETA**  
800 FRANKLIN BLVD.  
CAMBRIDGE  
ON  
N1R 7K8

519-740-1870

XAM#	TYPE/EXAM	RESULT
00673718	CAT/C.T.ABDOMEN W&WO CONTRAST	X See Chart

**C.T. SCAN OF ABDOMEN  
WITH AND WITHOUT CONTRAST  
30 NOVEMBER 2004**

There is a large mass replacing the body and tail of the pancreas, measuring 13.0 x 13.0 x 11.0 cm in size. It is a solid mass with a lobulated contour and inhomogeneous internal attenuation with occasional central calcification. The splenic vein is not visible and possibly encased by the tumor since there are prominent collateral veins outside of the tumor leading to the splenic hilum. The portal vein and the portal splenic confluence is displaced to the right.

The tumor appears relatively well margined from the surrounding structures except where it blends with the remnant of the pancreatic head. The upper aspect of the tumor surrounds the splenic artery as it emerges from the celiac axis. I see no evidence of regional lymphadenopathy. The liver looks clear of metastases.

The rest of the abdomen is unremarkable. A tiny simple cyst is noted at the left kidney.

**IMPRESSION:**

**Huge pancreatic tumor. This appears confined to the pancreas with encasement of the splenic vein and development of collateral venous channels. There is no evidence of regional lymphadenopathy or distal metastasis.**

**Alfred Y. Oh, MD, FRCS(C)**Adult and Pediatric Otolaryngology  
Head and Neck Surgery655 Fairway Road S., Unit A1-B  
Kitchener, Ontario, N2C 1X4  
Tel: 519-896-0949  
Fax: 519-896-0957

April 12, 2006

Re: Allen, Wellesley Alexander  
DOB:

Dear Dr. Pierre Kugler:

Thank you for referring Wellesley Alexander Allen to me.

Les is a 64 year-old male with a chronic history of bilateral otalgia. Over the last 3 months, it has worsened and the left side is worse than the right. He finds that stress increases the pain. Indeed, he has been under increased stress as he was diagnosed with prostate Ca. He also finds that chewing worsens the pain. There are no associated otologic symptoms such as hearing loss, tinnitus, otalgia, otorrhea or vertigo. Les takes Altace and insulin.

**Examination:**

Ears/Otoneurologic: Normal  
Nasal Cavity: Normal  
Oral Cavity/Oropharynx: Normal  
Neck and Face: Significant bilateral TMJ crepitus was felt.  
Flexible Nasopharyngoscopy: Not done

**Audiogram:**

A low frequency left sensorineural hearing loss with a high frequency loss was seen. The right side demonstrated mild hearing loss

**Assessment and Plan:**

1. Temporomandibular joint dysfunction
2. Assymetrical hearing loss

I believe Les' otalgia is related to significant TMJ dysfunction for which I recommended he obtain an oral splint. However, he also has a previously undetected assymetrical hearing loss. Thus, I have ordered an MRI of the cerebellopontine angles and I will follow up afterwards.

Thank you for involving me in this patient's care.

Best regards,

Alfred Oh, MD, FRCS (C)




 human resources  
 Development Canada

 Développement des  
 ressources humaines Canada

 Income Security  
 Programs

 Programmes de la  
 sécurité du revenu

 Personal Information Bank  
 HRDC PPU 140  
 Fichier de renseignements personnels  
 DRHC PPU 140

**MEDICAL REPORT - RAPPORT MÉDICAL**

 Protected When Completed - B  
 Protégé une fois rempli - B

<b>SECTION A To be completed by Applicant - Doit être rempli par l'applicant</b>			
First Name - Prénom <i>Leslie</i>		Initial - Initiale <i>A</i>	Last Name - Nom de famille <i>Allen</i>
Home Address (No., Street, Apt., or R.R.) Adresse du domicile (numéro, rue, app., ou route rurale) <i>1216 Avonlea Rd</i>		City - Ville <i>Cambridge</i>	Province or Territory Provinces ou territoire <i>ONT.</i>
Postal Code Code postal <i>M3H1H4</i>	Telephone No. - N° de téléphone <i>1218 (519) 653-1886</i>	Date of Birth Date de naissance Y/A M D/J <i>1 1 1</i>	Social Insurance Number Numéro d'assurance sociale <i>1 1 1</i>

**SECTION B To be completed by Physician - Doit être rempli par le médecin**

Please provide factual objective opinions - Veuillez donner une opinion factuelle objective

1 Height - Taille <i>6'</i>	2 a) How long have you known the patient? Depuis quand connaissez-vous le patient? <i>6 mos</i>	b) When did you start treating the patient for the main medical condition? Quand avez-vous commencé à traiter le patient pour son état pathologique principal? Y/A M D/J <i>2005 FEB 2005 MAY 25</i>	c) Date of the last visit Date de la dernière visite Y/A M D/J <i>25 MAY 2005</i>
Weight - Poids <i>185 lbs</i>	3 Diagnosis (es) - Diagnostic(s):		

*Depression (Major Affective Disorder)  
Prostate Ca*

**4 Relevant/significant medical history relating to the main medical condition:  
 Antécédents médicaux pertinents/importants reliés à l'état pathologique principal :**

*Recent Dx of Prostate Ca  
 He is facing a radical prostatectomy and all the possible adverse outcomes (impotence, incontinence, etc)*